

Upham (W. R.)

REPORT OF SURGICAL CASES

OF

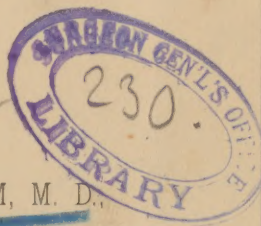
ST. JOHN'S RIVERSIDE HOSPITAL,

YONKERS, N. Y.

NINTH YEAR, ENDING MAY 1, 1879.

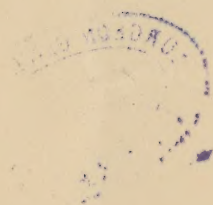
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REPORTED BY W. R. UPHAM, M. D.,

VISITING SURGEON.  
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YONKERS:
THE STATESMAN STEAM PRINTING ESTABLISHMENT.

1879.

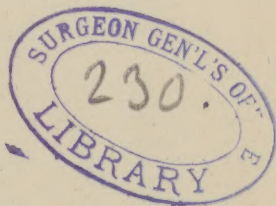


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# CLASSIFICATION OF CASES.

| DISEASE OR INJURY.       | M. | F. | DISEASE OR INJURY.           | M. | F. |
|--------------------------|----|----|------------------------------|----|----|
| Abscess of Antrum - -    | 1  |    | Fractures, Compound, con.    |    |    |
| Lung - - -               | 1  |    | Forearm - - -                | 1  |    |
| Neck - - -               | 1  |    | Tibia and Fibula             | 4  |    |
| Palm - - -               | 2  |    | Gangrene of Leg - -          | 1  |    |
| Vulva - - -              |    | 2  | Gonorrhœa - - -              | 1  |    |
| Adenitis, Cervical - -   | 1  |    | Hernia, Inguinal - -         | 2  |    |
| Anchylosis of Wrist - -  | 1  |    | Keratitis - - -              | 2  | 1  |
| Fingers                  | 1  |    | Lacerated Perineum -         |    | 1  |
| Burns - - - - -          | 1  | 1  | Morbus Coxarius - -          | 1  | 1  |
| Bubo - - - - -           | 1  |    | Necrosis of Inferior Maxilla | 1  |    |
| Cancer of Uterus - - -   |    | 2  | Metacarpus                   | 1  | 1  |
| Cellulitis of Hand - -   | 2  |    | Phalanges - -                | 1  | 1  |
| Leg - - -                | 1  |    | Radius & Ulna                |    | 1  |
| Concussion of Brain - -  | 1  |    | Sacrum - - -                 | 1  |    |
| Contusion of Arm - - -   | 1  |    | Tibia - - -                  | 3  |    |
| Foot - - -               |    | 1  | Toe - - -                    | 1  |    |
| Hip - - -                | 2  |    | Orchitis - - - - -           | 1  |    |
| Knee - - -               | 1  |    | Otitis - - - - -             | 1  |    |
| Conjunctivitis - - -     | 4  | 1  | Paronychia - - - -           | 1  |    |
| Cystitis - - - - -       | 1  | 1  | Paralysis of Bladder -       | 1  |    |
| Dislocation of Ankle - - | 1  |    | Arm, injury                  | 1  |    |
| Ulna - - -               | 1  |    | Paraphimosis - - -           | 1  |    |
| Eczema, Capitis - - -    |    | 1  | Phimosis - - - - -           | 1  |    |
| Epididymitis - - -       | 1  |    | Railroad Injuries - -        | 6  |    |
| Erysipelas of Face - -   | 2  |    | Sprain of Ankle - - -        | 2  |    |
| Leg - - -                | 1  |    | Strabismus - - - -           |    | 1  |
| Fractures, Simple—       |    |    | Struma - - - - -             | 2  |    |
| External Malleolus       | 1  |    | Stricture of Urethra -       | 1  |    |
| Femur - - -              |    | 1  | Synovitis of Knee - -        | 2  |    |
| Inferior Maxilla         | 1  |    | Tumor of Neck - - -          | 1  |    |
| Internal Condyle         | 1  |    | Ulcer of Cornea - - -        | 1  | 1  |
| Metacarpal Bones.        |    | 1  | Cervix Uteri - -             |    | 1  |
| Radius - - -             | 1  | 1  | Foot - - - - -               | 1  | 1  |
| Radius and Ulna          | 2  |    | Leg - - - - -                | 4  | 2  |
| Spine - - -              | 1  |    | Vaginitis - - - - -          |    | 1  |
| Tibia - - -              | 3  |    | Varicose Veins - - -         | 1  | 1  |
| Tibia and Fibula         | 1  |    | Wounds of Cheek - -          | 1  |    |
| Ulna - - -               | 1  |    | Foot - - - - -               | 1  |    |
| Fractures, Compound—     |    |    | Hand - - - - -               | 1  | 1  |
| Fingers - - -            | 2  | 1  | Scalp - - - - -              | 9  |    |
| Foot - - -               | 2  | 1  | Wound, Gunshot, of Hand      | 1  |    |



| OPERATION.                          | LESION.                          | OPERATOR. | RESULT.         | SEX. | REMARKS.                     |
|-------------------------------------|----------------------------------|-----------|-----------------|------|------------------------------|
| Amputation, Primary, for injury.    |                                  |           |                 |      |                              |
| Fingers . . . . .                   | Compound Comminuted Fracture,    | Benedict, | Cured           | F.   | Simple Carbolized Dressings. |
| Fingers . . . . .                   | Compound Comminuted Fracture,    | Upham,    | Cured           | M.   | Simple Carbolized Dressings. |
| Fingers . . . . .                   | Compound Comminuted Fracture,    | Upham,    | Cured           | M.   | Simple Carbolized Dressings. |
| Forearm . . . . .                   | Compound Comminuted Fracture,    | Benedict, | Died            | M.   | Circular Flap—Open Meth'd.   |
| Foot . . . . .                      | Compound Comminuted Fracture,    | Upham,    | Cured           | M.   | Symes—Open Method.           |
| Leg . . . . .                       | Compound Fracture . . . . .      | Upham,    | Cured           | M.   | Lateral Flaps—Open Meth'd.   |
| Legs, double . . . . .              | Compound Fracture . . . . .      | Benedict, | Died            | M.   | Circular Flaps—Open Meth'd.  |
| Amputation, Secondary, for disease. |                                  |           |                 |      |                              |
| Thigh . . . . .                     | Gangrene of Leg . . . . .        | Benedict, | Died            | M.   | Circular Flap—Open Meth'd.   |
| Thigh . . . . .                     | Necrosis of Tibia . . . . .      | Benedict, | Cured           | M.   | Circular Flap—Open Meth'd.   |
| Circumcision . . . . .              | Phimosis . . . . .               | Upham,    | Cured           | M.   | Stricture of Urethra.        |
| Excision of Lower Maxilla           | Necrosis . . . . .               | Upham,    | Improved        | M.   | Carbolized Dressings.        |
| Lipomata . . . . .                  | Lipomata of Neck . . . . .       | Upham,    | Under treatm't, | M.   |                              |
| Humerus . . . . .                   | Necrosis of Head of Humerus .    | Benedict, | Cured           | F.   |                              |
| Forcible Manipulation . . . . .     | Fibrous Anchylosis of Fingers .  | Upham,    | Improved,       | M.   | Amputation of Ring Finger.   |
| Ligation of Palmar Arch . . . . .   | Abscess of Hand . . . . .        | Upham,    | Cured           | M.   | Carbolized Dressings.        |
| Paracentesis . . . . .              | Empyema . . . . .                | Upham,    | Died            | M.   |                              |
| Perineorrhaphy . . . . .            | Ruptured Perineum . . . . .      | Upham,    | Cured           | F.   |                              |
| Reduction . . . . .                 | Dislocation of Ankle . . . . .   | Upham,    | Cured           | M.   |                              |
| Reduction . . . . .                 | Ulna . . . . .                   | Upham,    | Cured           | M.   | Fracture of Radius.          |
| Sequestrotomy . . . . .             | Necrosis of Inferior Maxilla . . | Benedict, | Cured           | M.   |                              |
| Sequestrotomy . . . . .             | Metacarpus . . . . .             | Upham,    | Improved        | M.   | Burns of Hand and Arm.       |
| Sequestrotomy . . . . .             | Tibia . . . . .                  | Upham,    | Improved,       | M.   | Railroad Injury.             |
| Strabotomy . . . . .                | Strabismus, . . . . .            | Pooley,   | Cured           | F.   |                              |

Of the total one hundred and thirty-five cases, fifteen were improved, one was unimproved, seven left the Hospital while undergoing treatment, and six died. Of the six capital amputations that were performed during the year, three made excellent recoveries and three died. Two of the latter were very severe railroad injuries, and died within a few hours of the operation; while the third, which was for gangrene, was in a most undesirable condition at the time when the operation was done. All of the amputations were treated by the open method—being carefully disinfected, however, by carbolic acid. Indeed, all the wounds have been treated with the simple carbolized dressings—not one having been dressed after Lister's method, although the Hospital is supplied with a complete apparatus for putting the same into practice. In only two cases has erysipelas made its appearance after operating, and both of these yielded readily to treatment. One case of pyaemia and two of septicæmia occurred—the first in a compound comminuted fracture of the leg, where the patient was greatly run down from hard drinking; and the latter in a patient afflicted with cancer of the uterus, including the whole of the organ. The fractures of the leg and also the sprains of the ankle were all treated by the plaster of paris splints—the latter being applied first as soon as the swelling would permit it, and uniformly with the best results. In a number of cases of varicose ulcers of the leg, the rubber bandage has been used, and in every case was a cure effected, invariably in a very short time. Two cases of paralysis of the arm, following injury, were greatly benefitted by friction, electricity, and small doses of strychnia.

Following I have given a short account of the more interesting cases which have been operated upon during the year:

#### SYME'S AMPUTATION.

CASE 1.—George W., age 17, Native United States, admitted November 21. In attempting to jump on board a freight train, while in motion, he slipped, and one car passed over the right foot. Examination showed a terribly crushed condition of the anterior part of right foot, the metatarsal bones badly comminuted, and protruding through the soft parts in every direction. Suffering considerably from shock. Ordered the necessary stimulants and a hypodermic injection of morphine. Ten hours after the accident had reacted well, and a Syme's amputation was performed. An Esmarch bandage was used, and hardly a teaspoonful of blood was lost. Flaps appeared healthy, and came well together with light silver sutures. An opening was left at each side to admit of free drainage. Light carbolized dressings applied.

November 22, P. M. Pulse 130; temperature 100½.

November 23, A. M. Pulse 132; temperature 100.8. Flaps healthy, and patient in good condition. P. M. Pulse 136; temperature 102.

November 24, A. M. Pulse 137; temperature 102.5. Union appears to have taken place to a great extent. P. M. Pulse 128; temperature 104.

November 25, A. M. Pulse 130; temperature 103. The anterior flap does not look as healthy, a slight discolorization having appeared upon surface. Removed all the sutures and applied Bals. Peru. The discharge is thin and acid. P. M. Pulse 104; temperature 102.6.

November 27. A line of demarcation has now formed, and it is evident that the greater part of the anterior flap will slough.

November 29. Erysipelas has appeared in the stump, and the whole leg is much swollen and oedematous. Removed the gangrenous portion of the flap, and ordered the stump to be constantly irrigated with cold carbolized water. Gave Quin. Sulph. in large doses. Temperature 104.5; pulse 120.

December 6. The patient has passed through a severe attack of erysipelas, complicated with an extensive cellulitis, which extended high up on to the thigh. The temperature has been invariably high, and the pulse rapid. Stimulants have been given freely, and quinine administered in ten and fifteen grain doses three and four times in the twenty-four hours. The stump has now taken on a healthier look, and the erysipelas and cellulitis have to a great extent subsided. The ends of the bones remain uncovered in consequence of the sloughing of the anterior flap.

February 16. The patient, under the generous use of tonics, having regained entirely his health, a re-amputation was performed to-day, and a new stump made.

March 3. The flaps united readily, and the wound is now entirely healed—the patient having a very hard and useful stump.

No good reason can be thought of as to why the flaps should have sloughed. The part did not appear to have been injured by the car wheel, and great care was used in the dissection of the flesh from the bone. Did the Esmarch bandage which was used devitalize?

#### STRICTURE OF URETHRA.

CASE 2.—Arthur M., age 56, native Ireland, entered December 1. Complains of great difficulty in passing his water, which comes away only in drops, and during the passage giving him the greatest pain. Patient gives a history of gonorrhœa contracted many years ago. Examination discloses a very tight stricture, situated in the membranous portion. At first a filiform guide is the only instrument which will enter the bladder. After careful manipulation, however, a small catheter is introduced, and a quantity of dark-colored urine evacuated. Pre-



vicious to the introduction, a full dose of morphine was administered hypodermically. It was decided to try and relieve him by a gradual dilatation of the stricture. The meatus, which was abnormally small, was cut, and steel sounds passed every other day. At the end of three weeks a number eighteen could be passed without difficulty, and up to the present time the patient has had no return of the trouble.

#### PALMAR ABSCESS—LIGATION OF PALMAR ARCH.

CASE 3.—Isaac K., age 37, native Ireland, entered December 1. Entered the Hospital suffering from a very severe palmar abscess. The entire hand was enormously swollen, the pus having burrowed in every direction, extending even some distance up the forearm. Free incisions were made on little dorsal and palmar surfaces, giving exit to a large quantity of very fetid pus. Warm poultices applied.

On the morning of the 3rd was called in haste, and found patient very weak from a severe hemorrhage from the middle of palm, which the house surgeon had only controlled by placing a tourniquet over the brachial. The patient was immediately etherized, and an incision made over the place from which the blood came. A number of clots were turned out from a large cavity in the centre of the palm, and the tourniquet being loosened, it was found that the deep palmar arch had become involved in the slough, which had eaten through and separated the artery. A ligature was applied to both ends of the artery, and simple carbolyzed dressings applied to the wound. The latter soon healed—healthy granulations springing up from the bottom, and filling the cavity made by the extensive slough. In three weeks' time the wound had entirely healed.

#### COMPOUND FRACTURE OF LEG—PYAEMIA.

CASE 4.—George G., age 26, native United States, admitted December 14. While wrestling with a companion in a liquor store, about 10 p. m., the patient was thrown to the ground. His leg was twisted in a peculiar manner under him, and his opponent fell heavily upon him. Both men were somewhat under the influence of liquor. On admittance the House Surgeon found a compound fracture of the tibia at the junction of the lower and middle thigh. The fragment of bone protruding was very sharp, and the wound made very small. The limb was at once placed in a fracture box, and a dose of bromid potass. and chloral given. The patient passed a sleepless and restless night, the wound giving him considerable pain. There was also a considerable oozing of blood from the same during the entire night.

On examining the leg in the morning, I found a compound comminuted fracture of the tibia at the junction of the lower and middle third,

and a simple fracture of the fibula three inches above it. Sealed the wound up with collodion and cotton, thinking to try if possible to treat it as a simple fracture. The oozing of the blood, however, soon detached the cotton, and several other attempts proved as unsuccessful. At 9 o'clock the pulse was 100, and the temperature  $100\frac{1}{2}$ . Ordered the wound to be thoroughly washed out, and large doses of quinine to be given. At noon the temperature had risen to  $103\ 2\text{-}5$ , and the patient was suffering so from nausea that everything in the shape of nourishment and medicine was immediately rejected by the stomach. 7. p. m. Pulse 72; temperature  $101\ 3\text{-}5$ . The patient was at this time wildly delirious—at times talking incoherently, and again lying in a half-conscious state.

December 16, 9 A. M. Pulse 120; temperature  $104\frac{1}{2}$ . The same condition mentioned last evening continued through the night, the stupor alternating with the delirium at intervals. Has not been able to keep anything on his stomach. Ordered lime water and milk, of which he retains a considerable quantity. Ten-grain quinine pills are also kept down. Noon. Pulse 100; temperature  $105\ 2\text{-}5$ . 7 p. m. Pulse 108; temperature  $105\ 1\text{-}5$ . Patient very weak. The breath has a sweetish odor, and the wound in leg very foul.

December 17. Pulse 80; temperature  $104\ 1\text{-}5$ . Wildly delirious. Nausea has again returned. The foot and ankle are very cold and discolored. Noon. Pulse 86; temperature  $105\ 1\text{-}5$ . Lies a greater part of the time in a semi-comatose condition, from which he rouses to become noisily delirious. Remained in this condition until 6 p. m. when he died.

Autopsy twenty-four hours after death. All the internal organs were healthy. On examining the injured leg, a terribly comminuted condition of the tibia was revealed; and the tissues, extending for a short distance up the thigh, were infiltrated with a very foul dark-colored pus.

The case is rather a peculiar one, owing to the comparatively slight injury which produced so bad a fracture, and the short time which elapsed to the developing of the symptoms of pyaemia. I learned afterwards that the man had lead a very irregular life for several years, drinking very heavily at times.

#### COMPOUND FRACTURE OF LEG—AMPUTATION.

CASE 5.—Michael H., age 45, native Ireland, admitted Dec. 16, 4 p. m. Patient is employed as a flagman on the railroad, and while coupling two freight cars, his left leg was caught between the bumpers of the same, and crushed. An examination showed a compound fracture of both tibia and fibula of left leg, and a badly crushed and lacerated condition of the soft parts. At 9 p. m. after a consultation of the staff, it was decided by a majority present that an amputation was advisable. The patient

has always been a healthy and temperate man, and is in excellent condition. Having rallied from the shock, which was at no time excessive, Esmarch's bandage was applied, and the leg taken off just below the attachment of the ligamentum patellæ. The lateral flap operation was done, and but little blood was lost. The soft parts were so badly lacerated even at this point, that the question arose of amputating at the knee joint; but it was at last decided to try and save the limb without further operation. Simple carbolized dressings were applied to stump. The flaps had been brought together with silver sutures, and a drainage tube introduced at the most dependent portion. The case did well from the commencement, the temperature going above 102 only once. Union took place throughout most of the extent of the flaps immediately—not doing so at a small space around where the drainage tube was introduced. The wound was injected twice daily with carbolized water, and balsam of Peru applied after the second day. In sixteen days the stump was all healed, with the exception of a small ulcer of the size of a ten-cent piece, which soon disappeared under the use of stimulants.

#### VARICOSE ULCER OF LEG.

CASE 6.—John R., age 24, native United States, admitted January 14. Two years ago a small ulcer made its appearance on the lower anterior part of the right leg, a few inches above the ankle. This gradually increased in size until it reached that of a silver dollar. Since then it has varied much in size—sometimes disappearing almost entirely and again breaking out as bad as ever. He has consulted a number of physicians, and tried a great variety of remedies. He suffers the most intense pain, and is able to walk but a few steps. When seen, the ulcer was as large as it had ever been; and there was another somewhat smaller, situated upon the calf. There was a marked varicose condition of the veins, and the leg itself was swollen to twice the size of the well one. I immediately applied a rubber bandage, three inches in width, from the toes to the knee, first applying iodoform to the ulcer. Put him upon potass. iodid. ten grains three times a day, and ordered absolute rest. In two days the swelling had disappeared, and in two weeks the ulcers were entirely healed. The veins also had to a great degree lost their swollen appearance.

I have used the rubber bandage upon six cases of varicose ulcers of the leg, and with the happiest results in every instance. In each case, with one exception, was there a complete cure—the exception being greatly benefitted, and I think would have been cured had she remained in the Hospital a sufficient length of time.



## NECROSIS OF INFERIOR MAXILLA—EXCISION.

CASE 7.—Thomas W., age 46, native Ireland. Gives the following history: One year ago suffered from an ulcerated molar tooth, which although it gave him great pain and annoyance, he neglected at the time to have removed. After the pain and swelling had subsided, he consulted a dentist, who in trying to remove the tooth broke it off at the root, leaving the latter in the jaw. From that time until the present has suffered more or less annoyance almost constantly. An abscess formed in the gum around the root of the tooth, which broke within the mouth and also externally, at a point about midway between the angle of the jaw and the symphysis.

On examination, first within the mouth, the gum on the left side far back is seen to be much swollen, and on pressing the same pus exudes in considerable quantity. Externally two sinuses are discovered, into which the probe being pressed, dead bone is felt, extending for several inches in both directions.

February 22. The patient being etherized, an incision was made parallel with the line of the jaw, and such extensive necrosis found that it was thought advisable to remove the same. This was accordingly done, the bone being carefully dissected away from the periosteum. Severe hemorrhage followed the incisions, which was controlled by the persulphate of iron and a large number of ligatures. The suppuration which followed the operation was very profuse. The only treatment pursued was the cleansing of the wound with carbolized water twice each day. The patient had a very small rise in temperature at any time, and before long was able to go about the ward. At the present time the patient is possessed of very good health. A generous diet and tonics have been very freely prescribed, and the wound is very nearly closed—the discharge being not more than a drachm or two in the twenty-four hours.

## ABSCESS OF LUNG.

CASE 8.—Albert M., age 16, native United States, admitted December 20. About eighteen months ago a large and heavy bale of hay fell from a considerable height directly upon his chest. I saw him as a private patient very soon after the accident, in consultation with his attending physician, and made the diagnosis of a green-stick fracture of the fifth, sixth and probably the seventh ribs on the right side. There was marked flattening anteriorly, and fracture could be distinctly felt posteriorly. After this I saw the patient from time to time during my visits to Yonkers. From his attending physician I gained the following history. About six months after the accident occurred, the patient was attacked with pneumonia, which was confined to the upper lobe of the



right lung. After recovering from the acute attack, which lasted some three weeks, an abscess formed, which pointed in the sixth intercostal space. This was opened two weeks after, and discharged a large quantity of very fetid pus. This abscess has continued to discharge steadily up to the present time—the amount varying greatly however, and almost ceasing at times. He has also had several slight attacks of pleuro-pneumonia. The treatment has been a very generous diet and tonics; quinine in large doses has also been given at times. Notwithstanding this the patient has lost much flesh, and from a stout, well-developed boy has become a mere skeleton. Two months ago dropsy appeared, which affected his lower limbs, the urine containing a large per cent of albumen. This, however, has largely disappeared.

On examining the patient, I found that the right lung was entirely consolidated, and evidence of a large accumulation of pus in the thoracic cavity. The abscess was discharging between three or four ounces of fetid pus in the twenty-four hours. There was also great weakness and prostration. I immediately made a free incision over the seat of the abscess, between three and four inches in length, and ordered the injection of carbolized water, of the strength one in twenty, into the cavity. In addition to this, large doses of cod liver oil and the hypophosphites. The patient began to improve almost immediately, and the discharge was greatly diminished. In the course of a month, however, this injection seemed to lose its efficacy, and the flow of pus returned as bad as ever. I then ordered the injection of red wash, which in its turn seemed to control the discharge, the patient becoming very much improved in health. In March another attack of dropsy came on, and the quantity of pus from the abscess immediately increased—soon reaching six to eight ounces in the twenty-four hours. The dropsy increased greatly, pervading the scrotum and abdomen, despite the usual remedies. The patient remained in this state for about two weeks, when he died without the slightest suffering.

#### ORCHITIS—GANGRENE OF SCROTUM.

CASE 9.—Patrick M., age 42, native Ireland, admitted November 22. Had been working for some days in swampy ground, where his feet were wet during the greater part of the day. First felt a pain in his scrotum, and then noticed that the latter was beginning to swell. Consulted a physician, who gave him an ointment to apply, which after a time became very painful. Examination shows the entire scrotum, but particularly on the right side, much swollen and discolored. The right testicle is also greatly swollen and inflamed, and very painful to the touch. Ordered rest in bed, elevation of the scrotum, and a poultice of tobacco.

November 23. The poultice has brought away the entire anterior portion of the scrotum, leaving the testicle on the right side exposed to view. This latter is seen to be much inflamed and slightly discolored. Ordered hot clothes, wrung out in carbolized oil, to be kept constantly applied.

November 25. Swelling and oedema have greatly subsided, and the parts are covered with healthy pus.

November 26. The remainder of the scrotum is brought over the exposed testicle by means of adhesive straps, and the parts stimulated with Bals. Peru.

November 29. The parts are granulating healthily, and the patient's condition greatly improved.

December 13. Under a generous diet, and a liberal use of tonics, the patient has improved greatly. The testicle has become entirely covered with integument, and the general health greatly benefitted. The testicle remains considerably swollen, for which Hydrarg. Oleat. was ordered to be well rubbed over the affected part.

I learned, some time after the patient's discharge from the Hospital, that the affected testicle had decreased to nearly the size of the well one.





